

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10827147 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
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50						
TOTAL IND.	2					
TOTAL DEP.	19	←	←	←	←	←
TOTAL CLAIMS	21	████████	████████	████████	████████	████████

	IND	DEP	IND	DEP	IND	DEP
51						
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TOTAL IND.						
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS		████████	████████	████████	████████	████████